

*Library*

55  
10

**DARTON (Yorks.)**  
**URBAN DISTRICT COUNCIL**

**ANNUAL REPORTS**

**OF THE**

**MEDICAL OFFICER OF HEALTH**

**AND THE**

**CHIEF SANITARY INSPECTOR**  
**AND**  
**CLEANSING SUPERINTENDENT**

**for the Year 1954**



**DARTON (Yorks.)**  
**URBAN DISTRICT COUNCIL**

**ANNUAL REPORTS**

OF THE  
MEDICAL OFFICER OF HEALTH  
AND THE  
CHIEF SANITARY INSPECTOR  
AND  
CLEANSING SUPERINTENDENT

**for the Year 1954**

# **DARTON (YORKS.) URBAN DISTRICT COUNCIL**

---

## **HEALTH COMMITTEE**

---

### **Chairman**

Mr. Councillor George A. Priestley

### **Members**

#### **January to May 1954 Councillors**

Mr. F. Morris, M.B.E., J.P.  
(Chairman of the Council)  
Mr. C. Skelton  
(County Councillor and  
Vice-Chairman of the Council)  
Mr. O. A. Beevers  
Mrs. C. Empsall  
Mr. S. Hepworth  
Mr. A. Hinchliffe  
Mr. W. Irwin  
Mr. C. Mason  
Mr. I. Mason  
Mr. F. Steeple

#### **May to December 1954 Councillors**

Mr. A. Hinchliffe, J.P.  
(Chairman of the Council)  
Mr. F. Morris, M.B.E., J.P.  
(Vice-Chairman of the Council)  
Mr. O. A. Beevers  
Mr. S. Hepworth  
Mr. W. Irwin  
Mr. V. Ledger  
Mr. H. P. Lockwood  
Mr. C. Mason  
Mr. I. Mason  
Mr. F. Steeple

### **Clerk to the Council**

Robert Smith

### **Medical Officer of Health**

R. S. Hynd, M.B., Ch.B., D.P.H.

### **Deputy Medical Officer of Health**

R. Barnes, B.A., M.R.C.S., L.R.C.P., D.P.H.

### **Chief Sanitary Inspector and Cleansing Superintendent**

Irvine Fieldhouse, Cert.S.I.B., M.S.I.A.  
(Meat and Other Foods Inspector, Smoke Inspector)

### **Additional Sanitary Inspector**

John B. Sutton, Cert.S.I.B., M.S.I.A.  
(appointed June, 1954)

### **Clerk, Shorthand Typist**

Miss Mary Pilkington

# **DARTON URBAN DISTRICT COUNCIL**

Divisional Health Office,  
6 Victoria Road,  
BARNESLEY  
July, 1955

## **A N N U A L   R E P O R T** **for the Year ended 31st December, 1954**

To the Chairman and Members of the Darton Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December 1954. The report has the same general outline as that for the previous year and includes a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included.

The vital statistics were generally satisfactory though the birth rate continued to fall and was below the level of the country as a whole last year. A pleasant feature of the statistics was the continued low infantile mortality rate which was also accompanied last year with a reduction in the still birth rate. The incidence of notifiable infectious diseases was small and no major epidemic of any disease occurred.

In August Dr. R. Barnes was appointed Deputy Medical Officer of Health for the constituent authorities in the division and I am glad to acknowledge the valuable help I have so readily received from him.

My thanks are also due to the Chairman and members of the Health Committee for their continued support, to your Chief Sanitary Inspector, Mr. I. Fieldhouse, for his loyal co-operation in all the public health problems we tackled together and to my divisional office staff for their willing assistance.

I am,

Your obedient servant,

R. S. HYND,

Medical Officer of Health.

## URBAN DISTRICT OF DARTON

### Statistics and Social Conditions

Area .....	4,726 acres
Registrar General's estimate of population mid 1954 .....	14,320
No. of inhabited houses according to rate book 31st December, 1954 .....	4,319
Rateable Value, 31st December, 1954 .....	£50,419
Nett product of a Penny Rate (1953-54)	£183/10/0

The district is predominantly a coal-mining area with the majority of the population earning their living directly or indirectly from the mining industry. Apart from one large electrical engineering firm, capable of employing 1,000 people, the other industries in the district are small in size and scope. Fortunately, the problem of finding suitable work for the school leavers and young people of the district is not severe. The majority of boys enter the mining industry and the remainder are usually found employment with various firms at no great distance from their homes. The majority of girls enter the textile industry and need to travel only 6-7 miles to work. Nevertheless, it is hoped the Council's policy of attracting light industries into the district will yield further results in the future.

### VITAL STATISTICS

#### Live Births

	Male	Female	Total
Legitimate .....	102	94	196
Illegitimate .....	4	1	5
	<hr/> 106	<hr/> 95	<hr/> 201

The number of live births registered showed a decrease of 22 from the previous year. 45.9% of the mothers had their confinements in Maternity Homes or Hospitals as compared with 53% in 1953. The Registrar General supplied a comparability factor which relates the proportion of women in the district of child-bearing age with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which is comparable with adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for your district last year was 13.8 per 1,000 estimated population compared with 16.6 per 1,000 estimated population in 1953 and with 15.2 per 1,000 estimated population for England and Wales. The excess of births over deaths, or the natural increase of population, was 69 as compared with 89 for the previous year.



## **Premature Babies**

11 babies were born prematurely last year, 5 of whom were born at home and 6 in hospital. Of the 5 born at home all were nursed entirely at home and all survived. Of the 6 premature babies born in hospital, 5 survived. Considering the feebleness of the premature babies at birth the high survival rate is most encouraging and speaks well for the medical and nursing care.

## **Still Births**

8 still births were notified last year as compared with 11 in 1953. The still birth rate was 38.2 per 1,000 total births as compared with 47.0 per 1,000 total births in 1953 and with 24.0 per 1,000 total births for England and Wales. The decrease in still births last year was, however, accompanied by an increase in the neo-natal mortality rate and of the close association of the two groups I have more to say in the section dealing with infantile mortality.

## **Deaths**

The adjusted death rate, which is the crude death rate, multiplied by the comparability factor, was 11.5 per 1,000 estimated population as compared with 11.0 per 1,000 estimated population in 1953 and with 11.3 per 1,000 estimated population for England and Wales. There were 134 deaths among the inhabitants of your district during the year, the same as in the previous year. The principal causes of death in order of numerical importance were: heart and circulatory diseases, cancer, respiratory diseases. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

## **Infantile Mortality**

It is pleasant to be able to record that the infantile mortality rate was for the second successive year well below the rate for the country as a whole. The rate last year was 19.9 per 1,000 live births as compared with 17.9 per 1,000 live births in 1953 and with 25.5 per 1,000 live births for England and Wales. The same number of deaths, i.e. 4, occurred as last year but the total number of live births was smaller. Two of the babies died within the first 48 hours and the two who survived the neo-natal period died from broncho-pneumonia.

In other annual reports have expressed the view that still births and infant deaths within the first week should be considered together and not separately for, fundamentally, the causes of death are the same for both. The normal hazards of birth may, in one instance, result in a still birth and in another in a live infant who survives for a matter of hours only. There is usually no difference in the cause of

death save one of degree and it is perhaps being unnecessarily pedantic to classify the deaths differently. The Registrar General has suggested a new concept of peri-natal mortality to connote a combination of still births with deaths occurring during the whole or part of the neo-natal period, but no standard definition has yet been adopted. Probably the most useful combination will prove to be still births plus deaths within the first week. Such a concept outlines more clearly the problems connected with still births and infant mortality for if the experience of the last two decades is examined it is evident that the peri-natal mortality (still births and deaths under one week) has declined much more slowly than has the infant mortality after the first week of life. The reason is clear, the deaths which can be prevented have to a large extent been prevented and the opportunity for prevention occurs with much greater frequency in those infants who survive the first week of life. There has been some improvement in the peri-natal mortality, but a great deal more research and knowledge will be required before more progress can be made.

### Principal Vital Statistics for the Year 1954

(Based on the Registrar General's figures)

	Darton Urban District	Aggregate West Riding Urban Districts	West Riding Admins. County	England and Wales (Prov. Figures)
Birth Rate per 1,000 estimated population:				
Crude .....	14.0	14.7	15.1	15.2
Adjusted .....	13.8	14.8	15.3	
Death Rate per 1,000 estimated population:				
Crude .....	9.4	12.7	11.9	11.3
Adjusted .....	11.5	12.8	12.5	
Infective and Parasitic Diseases excluding Tuberculosis but including Syphilis and other Venereal Diseases .....	—	0.07	0.08	Not available
Tuberculosis, respiratory .....	0.28	0.18	0.16	0.16
Tuberculosis, other forms .....	0.07	0.01	0.02	0.02
Tuberculosis, all forms .....	0.35	0.19	0.18	0.18
Cancer .....	1.19	2.12	2.01	2.04
Vascular Lesions of the Nervous System .....	1.33	2.03	1.84	Not available
Heart and Circulatory Diseases .....	4.19	4.88	4.54	Not available
Respiratory Diseases .....	1.12	1.27	1.22	Not available
Maternal Mortality (per 1,000 Live and Still Births) .....	—	0.80	0.89	0.69
Infant Mortality (per 1,000 Live Births) .....	19.9	28.3	28.0	25.5
Neo-natal Mortality .....	10.0	18.6	18.3	17.7
Still Births (Rate per 1,000 total Births) .....	38.3	26.6	25.9	23.4



## DEATHS IN AGE GROUPS

			Males	Females	Total
Under 1 year	.....	.....	2	2	4
1- 5 years	----	.....	—	—	—
5-10 years	.....	.....	—	—	—
10-15 years	.....	.....	—	—	—
15-20 years	.....	.....	1	—	1
20-25 years	.....	.....	1	1	2
25-35 years	.....	.....	2	3	5
35-45 years	.....	.....	3	2	5
45-55 years	.....	.....	7	1	8
55-65 years	.....	.....	12	9	21
65-70 years	.....	.....	8	7	15
70-75 years	.....	.....	14	5	19
75-80 years	.....	.....	13	8	21
80-85 years	.....	.....	13	9	22
85-90 years	.....	.....	4	5	9
90 years and over	.....	.....	1	1	2
ALL CAUSES	.....	.....	81	53	134

## CAUSES OF DEATH IN 1954

			Males	Females	Total
1. Tuberculosis, Respiratory	.....	.....	3	1	4
2. Tuberculosis, Other	.....	.....	1	—	1
3. Syphilitic Disease	.....	.....	—	—	—
4. Diphtheria	.....	.....	—	—	—
5. Whooping Cough	.....	.....	—	—	—
6. Meningococcal Infections	.....	.....	—	—	—
7. Acute Poliomyelitis	.....	.....	—	—	—
8. Measles	.....	.....	—	—	—
9. Other Infective and Parasitic Diseases	.....	.....	—	—	—
10. Malignant Neoplasm, Stomach	.....	.....	2	1	3
11. Malignant Neoplasm, Lung, Bronchus	.....	.....	6	1	7
12. Malignant Neoplasm, Breast	.....	.....	—	1	1
13. Malignant Neoplasm, Uterus	.....	.....	—	1	1
14. Other Malignant and Lymphatic Neoplasms	.....	.....	4	1	5
15. Leukaemia, Aleukaemia	.....	.....	—	—	—
16. Diabetes	.....	.....	—	1	1
17. Vascular lesions of the Nervous System	.....	.....	8	11	19
18. Coronary Disease, Angina	.....	.....	11	2	13
19. Hypertension with Heart Disease	.....	.....	7	1	8
20. Other Heart Disease	.....	.....	14	23	37
21. Other Circulatory Disease	.....	.....	2	—	2
22. Influenza	.....	.....	—	—	—
23. Pneumonia	.....	.....	2	1	3
24. Bronchitis	.....	.....	10	2	12
25. Other Diseases of Respiratory System	.....	.....	—	1	1
26. Ulcer of Stomach and Duodenum	.....	.....	—	—	—
27. Gastritis, Enteritis and Diarrhoea	.....	.....	—	1	1
28. Nephritis and Nephrosis	.....	.....	1	—	1
29. Hyperplasia of Prostate	.....	.....	—	—	—
30. Pregnancy, Childbirth, Abortion	.....	.....	—	—	—
31. Congenital Malformations	.....	.....	—	1	1
32. Other defined and ill-defined disease	.....	.....	7	3	10
33. Motor Vehicle Accidents	.....	.....	1	—	1
34. All other accidents	.....	.....	2	—	2
35. Suicide	.....	.....	—	—	—
36. Homicide and operations of war	.....	.....	—	—	—
All Causes	.....	.....	81	53	134

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation was readily found last year for those applicants who were ambulant and who could climb stairs without major difficulty. Importantly, the accommodation was provided as near to the applicant's old home as possible to allow him to visit friends easily, and maintain his former social contacts. The provision of ground floor accommodation for those, who in my last annual report I described as "border-line cases", remained difficult at times and during the winter months there was a waiting list of applicants. The waiting list might have been longer but for additional accommodation, of the small hostel type, being provided last year. All the old institutional accommodation has been modernised and the interiors of these buildings now have none of the somewhat forbidding austerity they possessed in former years.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

My comments on the hospital service provided for the division will be brief, for my position in this matter is that of an interested observer rather than one with direct responsibility for hospital management. No comment is necessary on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases for there can be little quarrel with the existing high standard of service. Hospital accommodation for tuberculosis has greatly improved in recent years, no doubt due in a large measure to the success of the newer forms of treatment. Accommodation for the chronic sick was very variable and appeared to be inadequate in the winter months, when the greatest demand for beds always occurs. It is indeed very difficult to satisfy the hospital needs of the chronic sick for the very chronicity of the illnesses and the age of the patients inevitably makes for a long hospital stay, and the discharge from hospital is far more dependent on the home circumstances of the patient than it is with the acute sick. The speedier discharge home of the chronic sick was aided appreciably last year by the excellent home nursing service in the division about which I have more to say later.

The mental hospital accommodation remained difficult, particularly for those suffering from senile dementia when long admission delays were common. Admission of voluntary patients was made easier with the establishment and greater use by general practitioners of the consultant psychiatric clinic at the Beckett Hospital. The institutional accommodation for mental defectives remained, I understand, very

difficult throughout the year in the region as a whole but vacancies were found for some patients in the division and much needed relief was obtained. The Occupation Centre in Barnsley was used to the maximum, but the waiting list of children in the division requiring such training grew, and I regret that no real progress was made with the conversion of the old divisional offices at The Gables, Wombwell, into an Occupation Centre. As will be seen in the section of the Report on Mental Health, which follows, there are 28 children and 12 adults who are considered fit for Occupational Centre training, and who still await vacancies. It is true that the plans for the conversion of part of the accommodation at The Gables into an Occupation Centre have been prepared and approved by the County Council, what is now required is speedier action in the translation of plans into something more solid and tangible. The provision of institutional accommodation and accommodation in occupation centres have a direct relationship and the provision of the latter will to a material extent obviate the need for the former.

### **General Hospitals**

The general hospitals serving your district are given below. Their administration rests with the Leeds and Sheffield Regional Hospital Boards through the local hospital management committees.

Leeds Regional Hospital Board:

1. Clayton Hospital, Wakefield.
2. General Hospital, Wakefield.
3. Leeds General Infirmary.

Sheffield Regional Hospital Board:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.

### **Infectious Diseases Hospitals**

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulance for this service.

### **Maternity Hospitals**

Maternity cases were usually admitted to the following hospitals.

1. St. Helen Hospital, Barnsley.
2. Pindar Oaks Maternity Home, Barnsley.
3. Manygates Hospital, Wakefield.
4. Hallamshire Maternity Home, Chapeltown.

The services of the Jessop Hospital, Sheffield, and the Maternity Hospital, Leeds, were also available for abnormal obstetric cases.



## **Tuberculosis Scheme**

Two whole-time Tuberculosis Health Visitors were engaged last year and in consequence the liaison arrangements with the Chest Centre were greatly strengthened. The preventive work in the field and the clinical work in the Chest Centre were more closely interwoven and the fortunes of the patient and the follow-up of the contacts could be more completely supervised. The percentage of contacts accepting examination was higher which materially helped in the search for the sources of infection. After-care arrangements included extra-nourishment, when recommended by the Chest Physican, in the form of free milk allowance and bed, bedding and other equipment were issued on loan to patients where necessary. Home Helps were also provided when required.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below:

Tuesday,	10.0 a.m. to 12.0 noon (children).
Wednesday,	10.0 a.m. to 12.0 noon.
Wednesday,	2.0 p.m. to 4.0 p.m.
Thursday,	10.0 a.m. to 12.0 noon.
Friday,	10.0 a.m. to 12.0 noon.

## **Venereal Diseases**

The nearest centre for Darton patients for the diagnosis and treatment of venereal diseases is in Barnsley.

Address: Special Treatment Centre, Queens Road,  
BARNSELEY

Other centres are situate in Sheffield, Rotherham and Wakefield and a patient is at liberty to attend at the centre of his choice. Treatment is completely confidential.

## **Ambulance Service**

The calls on the ambulance service tended last year to become more stabilised though there was again a slight increase in the Out-Patient traffic. Nearly 400,000 patients were carried and about 2 $\frac{3}{4}$  million miles were covered last year which gives one some idea of the magnitude of the service provided.

The further slight increase in the Out-Patient traffic was largely due to an increase in physio-therapy as new or larger departments were established and the greater number of transfers between hospitals and convalescent homes as more of the latter were provided.

The stretcher cases and discharges from hospital remained relatively constant, but there was a slight increase in the admissions because of a quicker bed-turn-over. The latter was helped both by the additional convalescent home accommodation which was provided and by the efficiency and

sufficiency of the Home Nursing Service in the after-care of the discharged patient. It is to be regretted that once again, with the increase in the road traffic, the accident rate for 1954 was increased.

Headway in ambulance depot construction, a material factor in improving the ambulance service organisation, was made last year and one new depot, which affected the service in the division, was erected at Wath-upon-Dearne. A further new depot is planned for this year at Platts Common to replace the one in Hoyland.

## **Home Nursing**

The total visits made by the Home Nurses in the division last year was 57,530, a really remarkable figure when compared with that which applied before the County Home Nursing Service was established in 1948. While we do not judge the service solely on its statistical record, for quality of work as well as quantity is important, yet a detailed study of last year's record is interesting if only for the light the figures throw on the many aspects of home nursing. It is worth noting, for instance, that 56% of the visits were made among the aged and infirm. Much attention in past years has been focussed on old people and on the problems of old age, and I think the amount of attention which has rightly come to be given to old people is reflected by the high proportion of the total home nursing visits they received. Again, the benefit to the hospitals of a good home nursing service is clearly illustrated by the figures last year. Over 10,500 visits were made to so-called surgical patients, the vast majority of whom were recent discharges from hospital after an operation. It is reasonable, I think, to accept that the home nursing service was instrumental last year in saving hospital bed accommodation by both obviating the necessity for admission to hospital and expediting discharge. The family doctors certainly appreciate the service for it helped by relieving them of nearly 20,000 injections. I would not, however, wish to over-stress the help of the nurse to the family doctor for he is of equal help to the nurse, indeed the co-operation between them is becoming a model of the co-operation which should exist between members of the medical and nursing profession.

The great volume of work which home nurses now have to deal with and the tendency for the amount to increase each year, emphasises the necessity for team-work and mobility about which I wrote last year. The volume of work, however, is fast becoming too much for the present nurses to manage and steps have been taken to increase their numbers this year.



## Home Helps

The divisional establishment of Home Helps has increased over the years from 13 whole-time home helps or their equivalent in part-time workers to 34, and, by and large, though the strictest economy was necessary, the number about sufficed last year. Each week 240 householders, on an average, received domestic assistance which, with the permitted establishment, allowed of only 6-7 hours per week to each household with the exception of maternity cases. The amount of help each household received was obviously small, but at least all the applicants received some help and none in need was refused. Again the aged and infirm received the most benefit from the scheme for approximately 90% of the available home help hours went to them. As I have stated in a previous report it is not easy to administer a service which caters in the main for the aged for the infirmities of old age are progressive, however slowly, and the need for help in the aged increases as time goes by. At the beginning of the year there were 196 aged people in receipt of domestic assistance of whom 151 were still receiving assistance at the end of the year. At the beginning of 1955 there were 249 aged people receiving assistance and it is obvious that difficulties must arise in finding help for the new applicants. Indeed, the only way is by exercising the strictest economy with the pruning of hours wherever possible. As is to be expected it is in the winter months when the need for home help is greatest and it was during these months that it was most difficult to satisfy the demands.

The aged have, for some years now, received the lion's share of the home help scheme and perhaps it is right they should for their need is the greatest, but it would be a pity, if in catering for the aged, the scheme should neglect the rest of the community. I think the financial arrangements often discourage the sick, apart from aged sick from seeking assistance even though, at first sight, the allowances against payment in the County Council scale seem generous. Unfortunately, the scale is not generous when only a few hours per week are allowed and the policy adopted in the division of spreading the "butter thinly over the bread" to cater for the maximum number automatically restricts the number of the home help hours allowed to each household. In consequence some deserving households derive no financial benefit from the scheme, and for this reason I would like a change in the scheme so that the scale of charges bears a more direct relationship to the number of home help hours provided.

## Laboratory Service

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control

of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

**Maternity and Child Welfare Service**

The three maternity and child welfare centres serving the district are situate at Darton, Higham and Staincross. The attendances at these clinics during the year are given in tabular form below.

The sheet anchor of the child welfare service has always been the Health Visitor and the important part she has played in the service, has long been recognised and appreciated by the public. The “clinic nurse”, as she is often popularly called, has ever been a source of strength to mothers and will always be so in the future. But the duties of the health visitor have widened in recent years and her work now is with the family as a whole and not just with the younger members. The family is, obviously, the correct unit on which the health services should be based and the health visitor has an important part to play in the wider scheme. She has given much help and has spent a great deal of time in the past few years with the aged and is gaining from them the same respect and affection she has gained from the younger mothers and children. If the family is the ideal unit on which the health services should be based then all who work to preserve the health of the family must work together as a team. The co-operation of doctor and health visitor, I believe, is important for their work in prevention, if not in treatment, has similar points of interest and each has much to gain from the other. I hope that this co-operation between doctor and health visitor will steadily grow for the benefit of the community they equally serve.

**INFANT WELFARE CLINICS — Attendances during 1954**

				Children under	Children
				1 year	1—4 years
Darton	.....	.....	.....	1545	1253
Higham	.....	.....	.....	965	731
Staincross	.....	.....	.....	1328	477

**ANTE-NATAL CLINICS — Attendances during 1954**

Darton	.....	.....	.....	34
Higham	.....	.....	.....	21
Staincross	.....	.....	.....	38

## Mental Health Service

The Mental Health Social Workers and the Home Teacher last year served well the parents and guardians of the mentally defective persons in the division and were also of help to those recently discharged from mental hospital where after-care was sought or was recommended by the hospital psychiatrists.

There are 179 mental defectives in the Division who are under supervision of one form or other, viz:—

	UNDER 16		OVER 16	
	Males	Females	Males	Females
Statutory Supervision .....	22	23	39	44
Guardianship .....	—	—	1	3
Voluntary Supervision .....	—	—	22	25

Training of defectives is partly covered by the Barnsley Occupation Centre (11 children and 2 adults attend) and partly by a Home Teacher. The Home Teacher either gives training to groups at specified centres or individual training at home whichever is more suitable.

Group classes are held at Wombwell—Wednesday mornings, Worsborough—Thursday mornings, and Darton on Fridays.

28 children and 12 adults are awaiting admission to the Occupation Centre, either Wombwell or Barnsley and 7 adult males are considered suitable for Industrial Centre Training.

Of the defectives in the division 72 are in gainful full-time employment and 40 are adequately employed in the home.

There are 39 males and 58 females in institutions, who previously resided in the Division. There is no urgent case awaiting admission to an Institution but there are 3 girls and 1 boy and 5 male adults and 9 female adults in the Regional Hospital Board's waiting list for eventual admission when vacancies arise.

To ease tension in the homes, provision has been made by the Regional Hospital Board for short stay vacancies to cover illness and emergencies. Unfortunately, the demand exceeds the number of vacancies, and in the case of short stay vacancies for holidays the Hospital Board have not been able to meet all requests.

There has been an increase in the number of after-care cases visited—the Sheffield Regional Hospital Board now indicating where after-care is required, although all discharges are visited by the Social Worker to inform the patient that help is available if it is required. A good co-operation is maintained with the Psychiatric Clinic, held on a Tuesday and Wednesday at Beckett Hospital, and a West Riding Social Worker is in attendance.



## **SCHOOL HEALTH SERVICES 1954**

—oOo—

Before giving a brief statistical summary of the work of the School Health Service in your district mention must be made of the opening of a new school for the handicapped pupils and the introduction of two important changes in the divisional school health scheme.

### **Wombwell Day Special School**

This school for backward or educationally sub-normal children was opened in February in premises previously used as an Open-Air School for delicate children. The educational needs of backward children cannot always be met in an ordinary school especially with the large classes which are nowadays so common. At the same time it is not an easy thing for parents to accept readily the idea that their child is backward and needs education in a special school and it was a welcome surprise to find the school so quickly accepted by parents. The school has certainly made a very good start and, with the correct usage, it should in time fill a long felt need in our educational system and satisfy the peculiar individual needs of the backward child.

### **Tuberculin Testing of School Entrants**

This scheme was introduced last year in part of the division and will be in operation throughout the Division by the end of 1955. The idea is to test all school entrants for tuberculin sensitivity and to examine further those who show a positive skin reaction. The test is completely painless and easy to perform and consists in putting a tiny smear of tuberculin jelly on the back and covering with adhesive plaster. Those children giving a positive reaction are referred to the Chest Physician for full examination including an X-ray film of the chest. At the same time the family contacts are urged to accept the same full examination from the Chest Physician. The test is only made with parental consent and in the schools which have been done so far it is gratifying to find that over 80% of the parents have accepted the scheme.

## B.C.G. Vaccination

Reference to the B.C.G. vaccination scheme for school leavers is made in the section of the report dealing with Tuberculosis but is repeated here because of the close association of the scheme with the scheme for the tuberculin testing of school entrants. Both are concerned with the prevention of tuberculosis in the community but each approaches the problem from a different angle. In tuberculin testing the school entrants we aim to find the positive skin reactors and from them to trace the hidden sources of infection. With the B.C.G. vaccination scheme we aim at protecting the individual himself rather than the community as a whole and therefore we search for the negative skin reactors. It is these children who are susceptible to Tuberculosis and by vaccination we try to protect them against the disease and particularly during the difficult years of adolescence which lie ahead of them.

The statistical summary which follows shows the results of school medical inspections made last year in your district and the attendance at the various clinics.

Routine School Medical Inspections were carried out by Dr. S. G. A. Henriques at the undermentioned schools.

Gawber Junior Mixed and Infants' School.  
 Barugh Green Junior Mixed and Infants' School  
 Darton Junior Mixed and Infants' School.  
 Mapplewell Infants' School.  
 Mapplewell Junior Mixed School.  
 Kexbrough Infants' School.  
 Kexbrough Junior Mixed School.  
 Darton Secondary Modern Girls' School.  
 Darton Secondary Modern Boys' School.

Summary of Defects found:—

School visited	No. of children examined	DEFECTS FOUND						No. passed for Treatment
		Ocular	E.N.T.	Heart	Lungs	Orthopaedic	Others	
Gawber J.M. & I .....	34	4	6	—	1	—	4	7
Barugh Green J.M.&I	204	28	25	1	10	4	22	19
Darton J.M. & I. ....	274	23	47	1	9	10	21	30
Mapplewell Infants	244	12	38	1	14	5	30	18
Mapplewell J.M. ....	79	12	10	1	4	1	6	6
Kexbrough Infants	256	14	43	4	6	7	21	21
Kexbrough J.M. ....	80	18	5	1	3	1	2	14
Darton Sec.Md.Girls'	124	29	1	—	2	2	15	28
Darton Sec.Md.Boys'	167	29	8	—	6	—	5	23
	1462	169	183	9	55	30	126	166



## CLINICS

### School Clinics

	No. of individual children who attended and were seen by Doctor
<b>DARTON</b> (2 clinics per month) Infants' School, Station Road, DARTON .....	292
<b>HIGHAM</b> (1 clinic per month) Church Hall, Higham Common Road, HIGHAM .....	94
<b>STAINCROSS</b> (1 clinic per month) Wesleyan Sunday School, Barnsley Road, STAINCROSS .....	126
Total all Clinics	512

### Specialist Clinics

#### Ophthalmic Clinics (70 sessions held in 1954)

Mr. N. L. McNeil, M.B., D.O.M.S., Ophthalmologist	
No. of children examined .....	248

#### Orthopaedic Clinics (12 sessions held in 1954)

Mr T. L. Lawson, F.R.C.S., Orthopaedic Surgeon	
No. of children examined .....	25

#### Ear, Nose and Throat Clinics (11 sessions in 1954)

Mr. W. L. Rowe, F.R.C.S., E.N.T. Surgeon	
No. of children examined .....	58

#### Paediatric Clinics (1 clinic per month)

Dr. C. C. Harvey, M.D., M.R.C.P., Paediatrician	
No. of children examined .....	21

### Special Clinics

#### Child Guidance Clinic

Dr. M. M. MacTaggart, M.A., B.Ed., Ph.D., Educational Psychologist	
No. of children examined .....	13
Total attendances .....	37

#### Sun-ray Clinic (2 sessions per week)

No. of individual children attending .....	10
Total attendances made .....	177

#### Speech Therapy Clinic

Mrs. P. J. Battye, L.C.S.T., Speech Therapist	
No. of children seen .....	5
Total attendances .....	68

### Minor Ailments Clinics

#### Darton

No. of individual children treated by Health Visitors	143
Total attendances .....	211

#### Higham

No. of individual children treated by Health Visitors	51
Total attendances .....	79

#### Kexbrough

No. of individual children treated by Health Visitors	170
Total attendances .....	215

#### Staincross

No. of individual children treated by Health Visitors	120
Total attendances .....	309

## SANITARY CIRCUMSTANCES OF THE AREA

### Housing

The number of inhabited houses in the district at the end of the year was 4,319. 141 new houses were completed during the year of which 116 were built by your Council. A detailed analysis of the housing situation is given in the report of the Chief Sanitary Inspector.

### Water Supply

The Council's water supply is obtained from boreholes owned by Penistone Urban District Council and from the Barnsley Corporation Reservoirs. Both these supplies are chlorinated at the source and delivered to this area as a piped supply at Kirkwood Penistone, Staincross Station, Higham Common and an emergency supply at Silkstone owing to the low water level in the boreholes at Penistone.

During the year all samples have been of a very good bacteriological nature and the Chemical Analysis was:—

					Parts per million
Total Solids	.....	.....	.....	.....	400
Chloride	.....	.....	.....	.....	26
Nitrite	.....	.....	.....	.....	Nil
Nitrate	.....	.....	.....	.....	3.77
Free Ammonia	.....	.....	.....	.....	0.01
Albuminoid Ammonia	.....	.....	.....	.....	0.01
Poisonous Metals	.....	.....	.....	.....	Nil
Total Hardness	.....	.....	.....	.....	280
Permanent Hardness	.....	.....	.....	.....	114
Temporary Hardness	.....	.....	.....	.....	166
PH	.....	.....	.....	.....	7.40
Alkalinity as CaCo	.....	.....	.....	.....	166

This water is of good organic purity.

The supply of water throughout the district during the year was very satisfactory and very few complaints were received.

The average consumption per person per day was approximately 21 gallons throughout the year, and is very satisfactory. The consumption for industrial purposes during the year was approximately 64,027 gallons per day.

## GENERAL EPIDEMIOLOGY

	No. of Cases Notified	Admitted to Hospital	Died
Scarlet Fever .....	17	10	—
Pneumonia .....	2	2	3
Measles .....	36	—	—
Whooping Cough .....	31	—	—
Meningococcal Infections .....	1	1	—
Erysipelas .....	2	—	—
Diphtheria .....	1	1	—
Acute Poliomyelitis:			
Paralytic .....	1	1	—
Food Poisoning .....	6	3	—
	<hr/> 97 <hr/>	<hr/> 18 <hr/>	<hr/> 3 <hr/>

The age distribution of the infectious diseases notified during the year is shown in the following table:—

	Under 1	1-4	5-14	15-24	25-44	45-64	65 and over
Scarlet Fever .....	—	10	7	—	—	—	—
Pneumonia .....	—	—	—	—	1	1	—
Measles .....	—	15	21	—	—	—	—
Whooping Cough .....	2	19	10	—	—	—	—
Meningococcal Infections .....	—	1	—	—	—	—	—
Erysipelas .....	—	—	—	—	1	1	—
Diphtheria .....	—	—	—	1	—	—	—
Accute Poliomyelitis:							
Paralytic .....	—	—	1	—	—	—	—
Food Poisoning .....	1	1	1	2	—	1	—
	<hr/> 3 <hr/>	<hr/> 46 <hr/>	<hr/> 40 <hr/>	<hr/> 3 <hr/>	<hr/> 2 <hr/>	<hr/> 3 <hr/>	<hr/> — <hr/>

### Scarlet Fever

17 cases of Scarlet Fever were notified last year, the same number as in the previous year. Of the 17 cases, 10 were admitted to hospital more because of the difficulty of nursing and isolation at home than because of the severity of the illness. In general the disease was mild, there were no deaths and no serious complications.

### Measles

Last year was a non-epidemic year for Measles when only 36 cases were notified as against 135 in 1953. The main incidence occurred in the last quarter of the year and illness in general ran an uneventful course with few, if any, complications.

### Whooping Cough

The incidence of Whooping Cough was lower last year when 31 cases were notified as compared with 57 in 1953. The illness had its greatest incidence, as usual, in the pre-school age group and 2 of the patients were under one year of age.

It is interesting to note that, as far as is known, none of the children who contracted the illness had been immunised previously. Immunisation against whooping cough has been offered through the clinic or the family doctor for the past 3-4 years and the number of parents now accepting immunisation is relatively high. Last year, for example, 116 children were immunised, the vast majority before their first birthday. We cannot say, as yet, that immunisation against whooping cough has the same superb degree of effectiveness as immunisation against Diphtheria, but I am sure this will be realised. In the meantime and from all points of view it is a well worth-while procedure and one to be highly commended to parents. Whooping Cough in older children may be more of a nuisance than an illness, but in young children it can be a very disabling and even fatal disease. What we can reasonably prevent we should, and it would be nice to be able to think of whooping cough as we think of smallpox and diphtheria, where only the memory of the disease, rather than the disease itself, remains.

### **Smallpox and Diphtheria Prophylaxis**

It would be pleasant to open the paragraph on smallpox and diphtheria prophylaxis with the statement that neither disease was present in the district last year, but unfortunately this is impossible. There was one case of diphtheria last year, in a female adult, who had not previously been immunised. The immunisation statistics were better than for 1953, but are still far from ideal and below that which we should expect.

By the end of 1954, 47.0% of all children between the ages of 0-14 years were immunised with 38.0% of the children in the age group 0-4 years and 50.9% of the children in the age group 5-14 years protected. The overall figure shows an increase of just over 5% for that for 1953, more than accounted for by the increase in immunisation among school children, for the pre-school figure was slightly lower last year. Plainly, to have less than half of the children in the district protected against Diphtheria is unsatisfactory, and the reason for it is not easy to understand for, unlike smallpox, diphtheria is a disease well within the memory of most parents. A great effort is being made this year to immunise more children and already the effort has achieved some success, especially among children of school age. Even with continued success it will, however, be some years before the percentage of immunised children in the district reaches a truly satisfactory level.

Persuading parents to have their infants vaccinated against smallpox is much more difficult than persuading them to accept immunisation against diphtheria, for smallpox



rarely intrudes into this country and the disease was long ago forgotten by the majority of the population. Progress in vaccination, therefore, is bound to be slow and the response last year can be considered satisfactory when 46 babies under 1 year of age were vaccinated, roughly 25% of the total number of births and an increase of 5% over the figure for 1953. It is still very necessary to take precautions against smallpox and the ideal time for prophylactic vaccination is in infancy. We must continue to persuade parents to accept vaccination for their babies and be content with steady, if somewhat slow, progress.

### **Poliomyelitis**

This serious disease, last year, fortunately had little impact on your district for only one child contracted the illness and happily he was without paralysis.

### **Food Poisoning**

Six cases of food poisoning were confirmed last year affecting two families with 4 cases in the one and 2 in the other. The organism was isolated in all instances and proved to be the common *Salmonella Typhi-Murium*. Three of the patients received hospital treatment and all were kept under supervision until they were proved bacteriologically not to be carriers of infection.

The six confirmed cases certainly do not fully represent the total incidence of food poisoning in the district last year for many more cases must have occurred which either were not confirmed bacteriologically or whose symptoms were so mild that medical advice was not sought. Food poisoning always attracts attention and causes the Health Department much work during the investigation, but over the year the time spent investigating outbreaks of food poisoning is far less than the time spent on the routine work of its prevention. Food hygiene does not usually make the headlines for it is more of abstract interest and cannot be so readily supported by facts and figures as can food poisoning.

It would be very true to say that the work of your Chief Sanitary Inspector on food hygiene, inspection of food shops and canteens, rodent control and the other routine visits and inspections which he regularly made throughout the year prevented far more cases of food poisoning than actually occurred. While, I believe, this is a true statement it obviously cannot be supported by facts and figures and like so many preventive measures escapes the limelight of publicity. But whether it achieves publicity or not the value of this routine work must be recognised for food hygiene is the only preventive measure we have against food poisoning.



## Tuberculosis

10 new cases of Tuberculosis were notified during the year, 9 of whom had Pulmonary lesions. There were 5 deaths from Tuberculosis last year.

Comments on Tuberculosis statistics as they occur year by year in a small urban district must be restrained for comparisons of yearly figures can be misleading. It is far more important to consider the general trend over the years and the statistics do show that Tuberculosis is declining both in its incidence and its mortality. We must continue to do all we can to hasten the rate of decline and preparations were made last year for the introduction among children of school-leaving age of a very important preventive measure.

For some years B.C.G. Vaccination of child contacts of open cases of Pulmonary Tuberculosis has been practised with an ever growing percentage of parents accepting this vital precautionary measure. Towards the end of last year arrangements were completed to extend the scheme to all children of the 13 years age group irrespective of previous Tuberculosis contact. The 13 years age group was chosen because it allows of a full year's supervision before the child leaves school. It is intended to make B.C.G. vaccination an annual event to ensure that all school leavers are protected against Tuberculosis during the difficult adolescent years which lie ahead. The response by parents to the vaccination has been most encouraging and I feel an excellent scheme has been successfully launched. The beneficial results from the scheme will be proved, I am certain, in the years to come.

### TUBERCULOSIS — Record of Cases during 1954

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at 1st January, 1954 .....	31	25	8	10
No. of cases notified for the first time during the year .....	5	2	—	—
No. of cases restored to register .....	—	—	—	—
No. of cases added to register otherwise than by notification .....	2	2	2	—
No. removed to other districts .....	1	—	—	—
No. cured or otherwise removed from register .....	3	3	1	2
No. died from disease .....	3	1	1	—
No. died from other causes .....	—	—	—	—
Total at end of 1954 .....	31	25	8	8

TUBERCULOSIS — New Cases and Mortality in 1954

			NEW CASES		DEATHS	
Age Periods			Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
0- 1	.....	.....	—	—	—	—
1- 5	.....	.....	—	—	—	—
5-10	.....	.....	—	—	—	—
10-15	.....	.....	—	1	—	—
15-20	.....	.....	—	—	—	—
20-25	.....	.....	1	—	1	1
25-35	.....	.....	4	—	—	—
35-45	.....	.....	2	—	—	—
45-55	.....	.....	—	—	1	—
55-65	.....	.....	2	—	2	—
Over 65	.....	.....	—	—	—	—
Totals			9	1	4	1



# **DARTON URBAN DISTRICT COUNCIL**

---

## **REPORT OF THE CHIEF SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT FOR THE YEAR 1954**

Sanitary and Cleansing Department,  
Council Offices,  
DARTON

### **To the Chairman and Members of the Darton Urban District Council**

Mr. Chairman, Madam and Gentlemen,

I have the honour to present my Eighth Annual Report on Sanitary Administration in the area during the year 1954.

The Report is on slightly different lines to that of last year. New duties arose in 1954, particularly worthy of mention being those relating to Slum Clearance and Meat Inspection and the action taken on these new subjects must, like all other aspects of our work, be recorded.

I trust that you will enjoy reading the Report which, in spite of its masses of statistics, I have tried to make as interesting as possible. Facts and figures relative to the attempts made to secure the continuance of the good health of a community, whilst tending to make dreary reading, are nevertheless exceedingly important, particularly to those who have the interests of public health at heart.

I wish to thank the members of the Health Committee for the support which they have given to me throughout the year. I acknowledge the valuable assistance afforded by the Medical Officer of Health and other officials in the performance of my duties and I wish to place on record the loyalty of my assistant, Mr. Sutton, my typist, and my staff in the Cleansing Department.

I am,

Mr. Chairman, Madam and Gentlemen,

Your obedient servant,

I. FIELDHOUSE,

Chief Sanitary Inspector  
Cleansing Superintendent

## SECTION 1

### ENVIRONMENTAL HYGIENE

THIS section informs you of the action which has been taken by your Inspectors in attending to nuisances and complaints and securing repairs to dwellinghouses. It gives details of the work undertaken with regard to atmospheric pollution, the eradication of rats and insect pests, and it shows the close liaison which we practise with the Medical Officer of Health for the prevention of infectious diseases. It also gives up-to-date statistics of the sanitary circumstances of the area and outlines in general the progress made to secure a continued improvement in the environmental hygiene of the district.

#### Nuisances and Complaints

Number of Complaints dealt with throughout the year	443
Nuisances outstanding from 1953 .....	150
Add nuisances found during the year 1954 .....	937
	<hr/>
Total nuisances which required abatement .....	1,087
Deduct nuisances abated during 1954 .....	848
	<hr/>
Total nuisances outstanding at the end of the year	239
	<hr/>

The number of complaints dealt with has increased by 83 over 1953 and the number of nuisances abated (848) is a record.

#### Visits and Inspections

1,320 visits and re-visits were made relative to the above nuisances. In detail, 506 were made with regard to miscellaneous house defects, 545 re drainage work, 102 re ashes accommodation, 59 re defective toilets, 59 re filthy conditions, 26 re verminous conditions and 23 re offensive accumulations. In addition to these visits a survey of Yard Paving was commenced in 1954 and 200 visits were made of properties for the purpose of recording details of yards which someday will require to be properly paved and drained in the interests of environmental hygiene. It is hoped that the survey will be completed and reported upon in 1955.

#### Notices Served and Abated

397	Informal notices were <i>served</i> affecting	579	premises
375	Informal notices were <i>abated</i> affecting	532	premises
43	Statutory notices were <i>served</i> affecting	45	premises
37	Statutory notices were <i>abated</i> affecting	37	premises

It was found necessary in one case only to invoke Court procedure to enforce compliance with a statutory notice.



## Atmospheric Pollution

The recordings on the various instruments sited at the Council Offices for ascertaining the degree of atmospheric pollution in Darton continued to be taken in 1954 and the following is a month-by-month summary of the most important statistics :—

DEPOSIT GAUGE			LEAD PEROXIDE INSTRUMENT
			Amount of Acid in atmosphere (Milligrammes of Sulphur Trioxide per 100 square centimetres per day) (over 2.0 is excessive)
Month	Amount of rain- fall in inches	Tons of deposit per square mile	
January	1.97	12.48	1.90
February	2.75	18.46	1.75
March	2.18	14.30	1.58
April	0.93	9.53	0.94
May	3.11	19.10	1.23
June	1.35	20.98	0.81
July	2.02	14.57	0.79
August	5.55	11.75	0.74
September	2.02	16.01	0.91
October	3.27	12.42	0.77
November	4.87	10.44	1.35
December	3.06	16.81	1.36
	<hr/> 33.08 <hr/>	<hr/> 176.85 <hr/>	<hr/> 14.13 <hr/>

In 1953 we recorded 19 inches of rain and 148 tons of soot deposits. The 33 inches of rain in 1954 apparently washed down an additional twenty-eight tons of soot per square mile to make a total of over 176 tons per square mile for the whole of 1954. The area of Darton comprises nearly  $7\frac{1}{2}$  square miles so that in 1954 one could say that over 1,300 tons of unburnt fuel was emitted from our chimneys to pollute the air we breathe, bring dirt and decay to our buildings, and rob us of the sunshine which is so vital to our good health.

## Infectious Diseases—Prevention of Epidemics

During 1954, 115 visits were made to dwellinghouses in order to obtain particulars which are required by the Medical Officer of Health for certain infectious diseases. Disinfection of the patient's bedroom and contents was carried out where practicable, and a total of 15 such treatments was recorded during the year. Free issues of small quantities of liquid disinfectant continued to be made to ratepayers who applied for same from our three depots at Darton, Mapplewell and Barugh.

## Filthy and Verminous Houses

A total of 26 visits were made to dwellinghouses for the purpose of advising unfortunate tenants on the eradication of bed bugs, cockroaches, crickets and other vermin, and for the purposes of compelling neglectful tenants to keep their homes in a clean condition. Free issues of liquid and powder insecticides continued to be made to householders who made their own attempts to get rid of vermin and in four instances only was it found necessary to carry out a full disinfestation treatment by members of our own staff.

## Rodent Control

The following particulars show the extent to which the Department carried out its Statutory Duties in 1954 in its attempts to eradicate rats and mice from the District :—

### (a) Tests of Local Authority's Sewers

No. of manholes in the district .....	300
No. of manholes tested .....	31
No. of manholes infested with rats .....	4

### (b) Treatment of Local Authority's Sewers

No. of manholes treated .....	24
No. of manholes showing pre-bait "takes" .....	4
No. of manholes showing poison "takes" .....	3

### (c) Local Authority's Refuse Tips

All refuse tips have been under supervision throughout the year. No infestations have been discovered.

### (d) Other Properties owned by the Local Authority

The sewage works were given two thorough treatments for rats during the year.

### (e) Private Premises other than Business Premises

No. of complaints investigated .....	73
No. of pre-baits laid .....	303
No. of poison baits laid .....	168
No. of poison "takes" .....	120

### (f) Business Premises

No. of premises treated .....	2
No. of poison baits laid .....	14
No. of poison "takes" .....	6

Rodent Control continued to be under the supervision of my assistant, Mr. Sutton, who with a part-time operator also fully trained in such work tried to reduce infestation within the area. The Ministry of Agriculture and Fisheries contributed towards the costs incurred.

## Sanitary Circumstances of the District

As an indication to you of some of the factors relative to the environmental hygiene of your district I have summarised them as follows:—

No. of dwellings served by mains water supply .....	4315
No. of dwellings served by spring water .....	4
No. of dwellings with at least one watercloset .....	3216
No. of dwellings whose occupants have to share W.C's .....	1054
No. of dwellings with bath installed .....	1981
No. of waterclosets in district .....	4575 serving 4409 premises
No. of dustbins in district .....	4478 serving 4397 premises
No. of cesspools in district .....	79 serving 119 premises
No. of septic tank units in district .....	29 serving 55 premises
No. of privies in district .....	25 serving 28 premises
No. of middens in district .....	21 serving 28 premises
No. of pail closets in district .....	27 serving 29 premises

### Water Closets

At the end of the year 98.88 per cent of all the closets in the area were water closets. The aim, of course, is to achieve 100 per cent, and a further aim would be to secure separate water closets for each dwelling so that the occupants of the 1,054 who at present have to share water closets with neighbours will enjoy an amenity which is only their right.

### Privy Middens

1954 saw the abolition of a further six privies and five middens. By the end of 1954 only 25 privies remained out of a total of 352 which existed in 1947. These 327 privy abolitions are outstanding amongst the greatest contributions which had been made in recent years to the improvement of the environmental hygiene of the district.

### Pail Closets

There were 27 pail closets in the district at the end of 1954. Six were abolished during the year in favour of water closets and I am continuing to encourage similar replacements whenever the opportunity arises.

### Cesspools

At the end of 1954 there were 79 cesspools in the district serving 119 premises. Your scheme to provide sewers in the Added Area could not be resolved in 1954 but 1955 should see the commencement of this long awaited improvement which will result in the abolition of 71 cesspools—another great contribution towards the betterment of the environmental hygiene of the district.

### Dustbins

The total number of dustbins in the area is 4,478, an increase of 135 over 1953. The Cleansing Department empties these weekly and a more frequent service, though more ideal, would be most uneconomical in an area like Darton.



## SECTION 2

### HOUSING AND SLUM CLEARANCE

This second section deals with HOUSING AND SLUM CLEARANCE. Although in previous years you have successfully pursued a slum clearance policy of your own with regard to some of the unfit houses, 1954 brought the welcome return of a Government policy in this direction. In order to comply with the requirements of new legislation you gave instructions for a survey of old houses to be commenced and this section gives details of the progress made by the Health Committee in this direction during the remaining months of the year.

#### Dwellinghouses—General

In order, first of all, to indicate to you the various types of dwellings throughout your area, I have listed them as follows:—

No. of Council owned dwellinghouses .....	1068
No. of Privately owned dwellinghouses .....	3112
No. of House-shops .....	81
No. of Farmhouses .....	32
No. of Dwellings at Public Houses and Clubs .....	25
No. of Moveable Dwellings .....	1
<hr/>	
Total No. of dwellings .....	4319
<hr/>	

And when compared with the estimated population of 14,320 this gives an average number of approximately 3.3 persons per dwelling.

#### Council Owned Houses

1954 saw the building of the 1,000th house by the Council and by the end of the year the Council owned 1,068 houses, 116 having been erected during 1954. The Council now owns 24.3% of all dwellings throughout the area.

In allocating your houses it is pleasing to record that you pay due regard to the abatement of overcrowding, the re-housing of tuberculous patients, the length of time applicants have been in lodgings and had their names on the waiting list, the needs of the aged and infirm and the re-housing of tenants from unfit houses—all factors contributing to the fairness of allocations for the well-being of the many people who are affected.

#### Slum Clearance

Around the middle of 1954 the Government issued its long awaited directive towards a policy of Slum Clearance.



The Council had been pursuing a programme of its own since 1948 which had already resulted in the closure of 42 unfit houses but as a preliminary to the new Government Scheme the Council instructed me to make a survey of old houses falling into the following categories:—

- (1) Back-to-Back houses
- (2) Old houses with one entrance door only
- (3) Other very old houses

and a decision was reached that of all new houses erected in future by the Council twenty per year were to be allocated in the interests of Slum Clearance and one-seventh of Council house re-lets was to be allocated for the same purpose. The Council also adopted the standard that houses in its area should be made to comply where possible with the twelve points of a fit house as recommended by the Government, and declared its policy that owners would be encouraged to take advantage of the Improvement Grant offered under the Housing Act, 1949.

The Survey commenced, and as it progressed, owners of houses falling into the above-mentioned categories were written to and invited to:—

- (a) Make their houses comply with the Twelve Points of Fitness with the assistance of the Improvement Grant, or
- (b) Make their houses comply as near as possible with the Twelve points of Fitness without a Grant, or
- (c) Undertake that in the event of their houses becoming vacant they would not be re-let for human habitation and would have them demolished when called upon to do so.

There were about 500 houses of this type to inspect and it will be realised that although great progress was made it was found impossible to make a detailed survey of every house. By the end of the year, however, the results were beginning to show very satisfactorily. Eighteen houses were listed as voluntarily condemned; owners of four back-to-back houses had made their houses “through”, owners of twenty-four other back-to-back houses had given an undertaking to do the same when the opportunity arose, one owner of a one-door house applied for the Improvement Grant and the owners of five other one-door houses made similar moves in order to improve their houses to comply with the Twelve Points of Fitness. The Survey continues.

## SECTION 3

### INSPECTION AND SUPERVISION OF FOOD SUPPLIES

This section deals with the INSPECTION OF FOOD PREMISES AND THE SUPERVISION OF FOOD SUPPLIES. The attention we give to these duties is most important and has become more so this year since the abolition of Government control of meat rationing. The additional duties of inspecting the carcasses and offal of food animals slaughtered in the district were undertaken without detracting from the continued vigilance which we exercise to ensure that all foods, including milk and ice-cream, which are brought into the district, are clean, safe and pure. This section also gives details of the various premises associated with the people's food supplies and gives the numbers of visits made to same.

#### Meat Supplies

Up to 3rd July, meat supplies remained under the control of the Government as they had been since the outbreak of War in 1939. On that day, however, control ceased and the Council were faced with a decision whether to apply immediately a policy of Moderate Concentration of Slaughtering at the Barnsley Abattoir or whether to grant licences for the re-opening of local slaughterhouses so that once more the butchers of the area could slaughter their own animals in accordance with their own particular type of trade, using their own methods of dressing, handling and transporting of carcasses with the same freedom as they enjoyed prior to 1939. The Council chose the latter policy and granted licences to ten slaughterhouses for a trial period of three months, having regard to the fact that certain structural alterations proposed to provide increased accommodation at Barnsley Abattoir were not completed. It took a little time for a system of slaughter notifications and inspection of meat and offal to settle down—indeed one butcher had to be summoned to appear in court for not notifying his intention to slaughter a beast and for selling the meat and offal of it without them having been inspected in accordance with the Meat Regulations. He was fined, of course, and the resultant publicity brought the desired effect of complete co-operation with regard to notification of slaughter and inspection of all meat and offal slaughtered within the Council's area. Licences were renewed for a further period of three months and the following table shows the number of animals inspected and the details of condemnations.

Inspections			Condemnations	
			Meat (lbs.)	Offal (lbs.)
Bullocks .....	88		90	192
Heifers .....	151		382	371
Cows .....	130		475	574
Calves .....	42		20	8
Sheep .....	639		—	56
Pigs .....	402		118½	198
Totals .....	1452 animals		1085½-lbs.	1399-lbs.

### Reasons for Condemnations

	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number Killed .....	240	130	42	639	402
Number Inspected .....	239	130	42	639	402
<b>ALL DISEASES EXCEPT TUBERCULOSIS</b>					
Whole carcasses condemned	—	—	1	—	—
Carcasses of which some part or organ was condemned .....	18	14	—	24	35
Percentage of the number inspected affected with disease other than Tuberculosis .....	7.53	10.8	2.38	3.59	8.74
<b>TUBERCULOSIS ONLY</b>					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned .....	34	40	—	—	11
Percentage of the number inspected affected with Tuberculosis .....	14.23	30.77	—	—	2.49

### Condemnation of Other Foods

Details of foodstuffs found to be unfit and voluntarily surrendered and disposed of according to circumstances are as follows:—

Canned Foods .....	184½-lbs.
Foods in Jars .....	18¼-lbs.
Miscellaneous Foodstuffs .....	203¼-lbs.
Total	406 -lbs.



## Food Preparing Premises, Shops, etc.

The following table shows the number of the various types of food premises in the area and the number of visits and inspections of same which were carried out during 1954.

Numbers and type	No. of Visits and inspections
10 Registered Food Preparing Premises	43
18 Butchers Shops .....	144
80 General Food Shops .....	186
23 Shops selling Ice-Cream .....	39
15 Cafes, Canteens, etc. ....	29
1 Meat Allocation Depot .....	5
16 Fried Fish Shops .....	26
3 Confectioners Shops .....	5
12 Bakehouses .....	38
10 Slaughterhouses .....	538

## Supervision of Milk Supplies

There were 18 milk producing farms in the area at the end of 1954. Methods of clean milk production and animal health are the responsibility of the Ministry of Agriculture and Fisheries, but in an attempt, which has been justified in previous years, to detect any tuberculous milk which might be produced in our area I continued to take samples in 1954 of all milk produced in Darton for examination by the Public Health Laboratory. A total of 18 samples was obtained and I am pleased to report that all were free from tuberculosis.

All milk sold by retail in the district must be Designated milk in accordance with the Milk (Special Designations) Regulations. 38 samples of various Designated milks were obtained during 1954 to ascertain whether or not clean and efficient methods had been practised in production. All but one were reported upon by the Laboratory as satisfying the necessary standards. Details of the milks sampled are as follows:—

- 13 samples of Pasteurised Milk (satisfactory).
- 10 samples of Tuberculin Tested (Pasteurised) Milk (satisfactory).
- 7 samples of Sterilised Milk (satisfactory).
- 2 samples of Accredited Milk (satisfactory).
- 6 samples of Tuberculin Tested (certified) Milk (one unsatisfactory).



## Distribution of Milk

At the end of the year there were on the register 21 Distributors of Milk, 14 of these retailing from general food shops. The following licences were granted in 1954 under the Milk (Special Designations) Regulations, 1936-1949:—

### Sterilised Milk

Dealer's licences granted	.....	16
Supplementary licences granted		1

### Pasteurised Milk

Dealer's licences granted	.....	5
Supplementary licences granted		2

### Tuberculin Tested Milk

Dealer's licences granted	.....	5
Supplementary licences granted		2

## Ice-Cream

There are no premises in your district registered for the manufacture of ice-cream, but 23 premises are registered for the sale and storage of this product, and all sell the wrapped, pre-packed type. 24 samples were procured in 1954 which were examined by the Public Health Laboratory and reported upon as follows:—

Manu- facturer	Total No. of samples taken	Results of Samples Taken			
		Satisfactory		Unsatisfactory	
		Grade 1	Grade 2	Grade 3	Grade 4
A	2	2	—	—	—
B	5	5	—	—	—
C	3	3	—	—	—
D	5	3	2	—	—
E	5	4	1	—	—
F	4	3	1	—	—
Totals	24	20	4	—	—

It is very pleasing to report that every one of the 24 samples was satisfactory.

## Food Hygiene

The importance of food hygiene and the dangers of food poisoning have continued to be stressed upon food handlers throughout the district. Considerably assisted by the existence of the Food Bye-Laws, I have called upon shopkeepers fairly frequently, talked to them and their assistants, pointed out minor contraventions of the Bye-Laws and methods of improving the hygiene of their shops, and in no case was it found necessary to resort to formal action. The general standard of hygiene in our food premises is reasonably good but I always feel that human nature could allow a certain amount of negligence to creep in if regular inspections were not maintained.

## SECTION 4

### MISCELLANEOUS ITEMS FOR REPORT

This section gives details of other duties of a MISCELLANEOUS nature which were performed by your Inspectors in 1954 and at the end of the section there is a summary of the total number of visits and inspections made throughout the year. The variety of premises listed gives you an indication of the large scope of the duties which have to be performed to satisfy you that everything possible is being done in your district to safeguard the health of the people we all serve.

#### **Business Premises etc.**

The following is a recorded list of the numbers and types of the various business premises in the area at the end of 1954:

No. of Factories .....	32
No. of Lock-up Shops .....	72
No. of Hotels or Public Houses .....	20
No. of Farms .....	32
No. of Chapels, Churches, etc. ....	23
No. of Schools .....	9
No. of Cinemas .....	2
No. of other Business Premises .....	41

#### **Factories**

65 visits were made to the 32 factories in the district mainly with regard to lavatory accommodation and welfare of the employees. Eleven minor contraventions of the Act were found, eight of these having been remedied by the end of the year. Close liaison continues to be practised with H.M. Factories Inspector with regard to changes which take place from time to time in our respective registers.

#### **Cinemas**

Supervision of the patrons' toilets at the two cinemas in the district continued during 1954 and at the Darton Empire an additional toilet block was erected following my recommendations to the proprietors.

#### **Pet Animals Act 1951**

There was only one such registered premises in the area. Visits were made from time to time and no contravention recorded during the year.

#### **Public Houses**

Visits were made to these premises for the purposes of inspecting the sufficiency and suitability of toilet accommodation and advocating hygiene practices with regard to drinking glasses.

## Agricultural Lime Scheme

The Department continued to operate a Scheme whereby agricultural lime could be purchase at subsidised prices by gardeners and allotment holders within the area. During 1954 240-cwts. of lime were sold under the Scheme.

## Summary of Visits and Inspections during 1954

### Dwellings

Re general defects .....	506
Re drainage .....	545
Re ashes accommodation .....	102
Re closet accommodation .....	59
Re overcrowding .....	6
Re infectious diseases .....	115
Re filthy conditions .....	59
Re verminous conditions .....	26
Re water supplies .....	21
Re offensive accumulations .....	23
Re yard paving .....	200
Moveable dwellings .....	28
Visits with Housing Agent .....	65
Re Slum Clearance .....	706
Re Improvement Grants .....	42
Re rodent control .....	431
Miscellaneous visits and inspections .....	30
	<hr/> 2964

### Business Premises

Factories .....	65
Re smoke abatement .....	15
Re toilets at Public Houses .....	14
Re rodent control .....	12
Re toilets at Cinemas .....	6
Pet Shop .....	4
Miscellaneous visits and inspections .....	28
	<hr/> 144

### Food Premises

Registered Food Preparing premises .....	43
Butchers shops .....	144
General Food Shops .....	186
Slaughterhouses .....	538
Re milk sampling .....	46
Re food condemnations .....	13
Ice-Cream premises .....	39
Bakehouses .....	38
Cafes, Canteens, etc. ....	29
Meat Allocation Depot .....	5
Public Houses re hygiene .....	11
Re ice-cream sampling .....	32
Fried Fish Shops .....	26
Confectioners shops .....	5
Miscellaneous visits and inspections .....	17
	<hr/> 1171

## General

Re Cleansing and Salvage .....	249	
Interviews .....	232	
Rodent control in Sewers .....	119	
Piggeries, stables, etc. ....	14	
Meetings attended .....	54	
Miscellaneous visits and inspections .....	140	
		808
	Total	5087

## Miscellaneous Details for Report

Houses disinfected after Infectious Disease	15
Drains tested .....	59
Samples of water taken from isolated farms	30
Houses disinfested to eradicate vermin .....	4
Smoke observations taken .....	2
Food samples taken after suspected food poisoning .....	36
Faeces samples taken relating to food poisoning .....	34
Ice-cream samples taken .....	24
Milk samples taken for detection of Tuberculosis .....	18
Designated milk supplies taken .....	38

## SECTION 5

### PUBLIC CLEANSING

This last section deals with PUBLIC CLEANSING. It gives details relative to all aspects of this important service and records the conditions which operated in 1954 in our attempts to provide the best possible results. It gives details of the street sweeping service and of income derived from SALVAGE.

#### Staff

The Cleansing staff consisted of a foreman and seventeen men but during holidays and periods of sickness during 1954 additional staff had to be engaged.

Ten men forming two teams were engaged full-time on the emptying of dustbins. Two men formed a cesspool team, one man was employed full-time on the refuse tips, one man swept the streets and the other three men were engaged on



miscellaneous duties such as midden emptying, salvage collections and baling, conveyance of soil to tips, rodent control, and they also formed a third bin team on certain days to cope with the ever increasing number of dustbins coming into use.

Each man was provided with two pairs of overalls as protective clothing.

### **Vehicles**

The Council owned three, seven cubic yard capacity, Dennis refuse vehicles of the same design and one 800 gallon capacity cesspool emptying vehicle. All were serviced by our own mechanic who drove one of the vehicles when he was not engaged in carrying out repairs.

### **Depots**

The Department still maintains a depot at Barugh where the vehicles are garaged and where part of the stores are kept, and another at Darton Main which comprises the foreman's office, more stores, the messroom, and the salvage baling shed.

### **Refuse Tips**

Controlled tipping of refuse was practised on four main refuse tips during 1954. The refuse collected from the Kexbrough, Darton and Haigh localities was tipped at Darton Main Tip, that from the Staincross and Mapplewell areas was tipped at Blacker Tip, that from Gawber at Wood View Quarry, and the Barugh Green and Higham refuse was disposed of on a new section of tipping space placed at our disposal by the Higham Welfare Cricket and Athletic Club with a view, at some future date, to forming a new football pitch. The Wood View quarry was filled in during the year, the site was grassed over, and it has now made a very presentable field for any use to which you might care to put it.

### **Frequency of Collections**

Except for the occasional holiday times when interruptions occur, the bin teams maintained a weekly collection of the contents of dustbins and pail closets. The emptying of cesspools was carried out monthly and the cleansing of each of the few remaining privies was done approximately every fourth week throughout the year.

### **Hours Worked**

The staff normally worked a 44 hour, five day week, but for six weeks before and after Xmas it is found necessary to work on Saturday mornings due to the reduced number of hours of daylight at this time of the year. The total hours

worked by the staff (excluding the foreman) was 35,465 $\frac{3}{4}$  but a total of 5,831 $\frac{1}{2}$  hours was lost owing to the following reasons:—

Annual holidays	.....	2,173	hours
Sickness	.....	3,290	hours
Absent with Permission	.....	77	hours
Absent without Permission	.....	291 $\frac{1}{2}$	hours
		<hr/>	
Total		5,831 $\frac{1}{2}$	hours

The figures for absenteeism, excluding annual holidays, are very disappointing and can only partly be excused when I report that one man contracted a serious illness in March and did not return to work for the remainder of the year.

### Cost Details

The total wages paid out in 1954 (including those of the foreman) was £6,820/18/5, an increase of £741 over 1953 which is accounted for by the engagement of temporary additional staff, increased wage awards and unusually extended sick payments.

### Street Sweeping

The Department was responsible for the sweeping of the seventy-one streets (excluding County roads) throughout the district. One man was employed on this work and his duties consisted of sweeping the streets followed by the cleaning out of over 450 street gullies contained therein—each duty being done as many times as possible throughout the year. During street sweeping he used a special street orderly cart but when engaged on the gullies it was necessary to detail an extra man with a vehicle to pick up the gully contents at the end of each day. During times of heavy rain or snow the street sweeper was found work in the salvage baling shed.

### Salvage Details

The total income from the sale of salvaged materials during 1954 was £860/14/10 in detail as follows:—

	£	s.	d.
71 tons 2 $\frac{1}{2}$ cwts. Mixed Paper	463	3	5
40 tons 3 $\frac{1}{4}$ cwts. Cardboard	338	16	5
22 cwts. 7 stones 3 lbs. Rags	26	6	8
2,180 Bottles	9	1	8
5,600 Jars	23	6	8
<hr/>			
Total	£860	14	10

From this total £210 was paid to the members of the Cleansing staff under the Salvage Bonus Scheme.



